



Incident Report

Print Date/Time: 06/24/2016 06:30

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00011910

Incident Date/Time: 6/20/2016 8:44:00 PM
Location: CEDAR RD / 20TH ST NE
LAKE STEVENS WA 98258
Phone Number: (425) 359-1465
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|-------|----------------|
| 19N2 | SS0112-Warbis |
| 19N3 | SS0135-Parnell |
| 19S10 | SS0013-Brooks |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|------------------------|---|----------------|-------|--------|------------|
| 1 | Reporting Party | CRAIG | | | | | |
| 2 | Involved Party | ROBB, CLIFFORD PATRICK | 2610 106TH DR Lake Stevens WA 982588490 | (425) 327-1171 | White | Male | 01/21/1985 |
| 1 | Victim | REED, JEFFREY ALAN | 2514 85TH DR Lake Stevens WA 982586423 | (425) 259-5217 | | Male | 09/05/1953 |
| 1 | Involved Party | BRYANT, CYNIAH ANN | 11609 MACHIAS CUTOFF Lake Stevens WA 982589410 | (425) 290-2035 | | Female | 02/11/1981 |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| R | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

06/20/2016 : 20:49:45 SP0348 Narrative: 2 GRN , ALL INCOMING AID UNITS CXL

06/20/2016 : 20:48:32 SP0348 Narrative: W/ PD, VEHS ON SHOULDER, INVEST

06/20/2016 : 20:46:28 SP0325 Narrative: LR325

06/20/2016 : 20:46:17 SP0325 Narrative: NON BLKING, BLK TOYT FORERUNNER W/WHI TOP, BGE PC, ND PC

06/20/2016 : 20:45:16 SP0325 Narrative: UNK INJ, 3 VEHS



NON-DISCLOSURE

OUR MISSION STATEMENT: *"WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"*



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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. **E555660**CASE # **2016-00011910**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|-------------|-----------|-------|---|---|-------------------------------------|-------------|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | IN | OF | CITY # |
| | | | | | | | | 2045 | 31 | | | | <input checked="" type="checkbox"/> | 0664 | |

 ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
20 ST NE BLOCK NO. ☒ **10900**
 MILE POST

 DISTANCE OF (REFERENCE OR CROSS STREET)
 FEET ☐ MILES ☐ N ☐ E ☐ S ☐ W **CEDAR RD**

 UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252902035**

 LAST NAME **BRYANT** FIRST NAME **CYNIKAH** MIDDLE INITIAL **A**

 STREET NEW ADDRESS **11609 MACHIAS CUTOFF**

 CITY **LAKE STEVENS** ST **WA** ZIP **982589410**

CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # **BRYANCA199CJ** STATE **WA** SEX **F** D.O.B. **02** **11** **1981**

 ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

 LICENSE PLATE # **AMB6590** STATE **WA** VIN# **JTEBU11FX70017349**

TRAILER PLATE # STATE TRAILER PLATE # STATE

 VEH. YEAR **2007** MAKE **TOYT** MODEL **FJ2D** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

 REGISTERED OWNER INFO. **CYNIKAH BRYANT 11609 MACHIAS CUTOFF LAKE STEVENS WA 98258**

 LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FIRST NATIONAL H2074271**

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

 UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252595217**

 LAST NAME **REED** FIRST NAME **JEFFREY** MIDDLE INITIAL **A**

 STREET NEW ADDRESS **2514 85TH DR NE UNIT Q2**

 CITY **LAKE STEVENS** ST **WA** ZIP **982586423**

 CDL RESTRICTIONS ENDORSEMENTS **L**

 DRIVER'S LICENSE # **REED*JA471OE** STATE **WA** SEX **M** D.O.B. **09** **05** **1953**

 ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

 LICENSE PLATE # **AWN8174** STATE **WA** VIN# **4T1BK36B18U282226**

TRAILER PLATE # STATE TRAILER PLATE # STATE

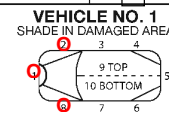
 VEH. YEAR **2008** MAKE **TOYT** MODEL **AVA4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

 REGISTERED OWNER INFO. **JEFFREY REED 2514 85TH DR NE LAKE STEVENS WA 98258**

 LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **ALLSTATE 964570326**

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

 OFFICER'S NAME (PRINT) **R. BROOKS** BADGE OR ID # **0013** AGENCY **WA0311900**
PART A 3000-345-159 R (7/06)

 PAGE 01 OF **3**



**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E555660**CASE # **2016-00011910**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|------------------------|--------------------------|--------|----------|-----------|----------|--------|----------|--------|----------|-------|----------|-----------------|---------------------------------|--------------|-----------|--------------------|-------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | ROBB CLIFFORD P | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 2610 106TH DR NE LAKE STEVENS WA 982588490 4253271171 | | | | | | | | | | | | | | SEX M | D.O.B. MMDDYYYY 01 | - | 21 | - | 1985 | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 1 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |

NARRATIVE

Unit 1 stopped for the stop sign on Cedar Rd. at 20th St. N.E. facing south. Unit 2 was west bound on 20 St. Unit 1 pulled out from the stop sign and struck Unit 2 in the right rear quarter pannel. The driver of Unit 1 said she didn't see Unit 2. Unit 2 did not have any traffic control and did have the right of way. There were no injuries reported. both vehicles were driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. BROOKS
06-21-16 01:30 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

6/21/2016 1:58:55 AM

BADGE OR ID #

0013

ORI #

WA0311900

TIME POLICE DISPATCHED

8:46 PM

TIME POLICE ARRIVED

8:49 PM

REPORT NO. E555660

CASE # 2016-00011910

DATE AND TIME
OF COLLISION 06/20/16 20:45

